

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)	P 91830769	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1						51		
2						52		
3						53		
4						54		
5						55		
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45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL ID.						TOTAL IND.		
TOTAL EP.						TOTAL DEP.		
TOTAL CLAIMS						TOTAL CLAIMS		

BEST AVAILABLE COPY